

# 2016 SUMMER DAY CAMP

SPONSORED BY CITY OF TRAVERSE CITY-  
GRAND TRAVERSE COUNTY PARKS & RECREATION  
DIVISIONS



Registration forms available April 1, 2016  
**Registration Begins April 11, 2016 at 8:00 a.m.**

Camp space is limited, we operate on a first come, first served basis - only 50 campers per week are allowed.

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Dear Parents or Legal Guardians,

April 2016

Welcome to the 2016 Traverse City-County Day Camp Season. We have attempted to include all of the information you will need in this booklet. If you have any questions, please contact us at 922-4900 extension 0 or 144, Monday through Friday, 8:00 a.m. - 4:00 p.m. Our goal is to provide a day camp experience that will promote healthy activities, in a fun environment. Sincerely,

Mr. Lauren A. Vaughn  
City of Traverse City

All children **MUST** be signed in at the beginning and out at the end of each day

**General Information** The Day Camp is open to **children who have completed first grade or who will be 7 years old by June 1, 2016, through 12 years of age**, and has a maximum limit of 50 participants per week. The ratio of campers per counselor will be approximately 10 to 1. Campers may be registered for any number of the one week sessions or may be signed up on a daily basis as space allows (see instructions below). Registration forms will be available at:

The City of Traverse City's web site: [www.traverscitymi.gov](http://www.traverscitymi.gov)

The City Parks and Recreation office, 625 Woodmere Avenue (8:00 - 4:00)

The Civic Center (8:00 - 4:00)

Please submit all **COMPLETED FORMS** at **8:00 a.m. on Monday, April 11, 2016** to the City Parks and Recreation office located at 625 Woodmere Avenue. Camp often fills the first day of registration and a line usually forms prior to 8:00 a.m.

### **Location and Times (Hours)**

The City-County Day Camp for 2016 will be held at the Grand Traverse County Civic Center (Howe Arena). The ten (10) week program will begin on **Monday, June 13**, (subject to final day of school for TCAPS), and end on **Friday, August 19**.

There will be dates that Howe Arena is not available, due to events being held there. When this occurs Day Camp will be held at the City's Hickory Hills location. We will notify parents in advance when this happens.

### **NO HALF DAYS WILL BE ALLOWED.**

The Civic Center - Enter the Civic Center property from Garfield onto N. Civic Center Drive, or from 8<sup>th</sup> Street onto S. Civic Center Drive. The arena area is the headquarters for the summer day camp program.

### **Hours**

Camp activity hours will be 8:30 a.m. to 4:30 p.m. Staff will be on hand from **7:45** a.m. to **5:30** p.m. for those who have to drop off children early or pick up late due to work requirements. Parents must provide transportation to and from camp. **THERE WILL BE AN EXTRA CHARGE OF \$15.00 PER FAMILY PER 15 MINUTES (OR PORTION THEREOF) FOR LATE PICK UPS AFTER 5:30 P.M.** If children will not be attending camp, please call 590-3750 as soon as possible.

**Camp Fees and Deposits** A **Non Refundable and Non Transferable \$10.00 per camper, per week deposit** (including daily pre-registrations) must accompany their registration form. This deposit will be applied toward your weekly total registration fee which **must be paid on the first day the camper attends camp for that week. NO EXCEPTIONS**

Weekly Fees:	\$100.00 per camper per week
Week #1 Fees:	May change if school does not end by June 13, 2016
Week #4 Fees:	\$85.00 per camper, no camp on Monday, July 4, 2016
Daily Fees:	\$23.00 per camper per day

## **The balance of your weekly fee is due by the first day of the week your child attends camp.**

### **Payment Guidelines**

1. Please pay by check or money order payable to the "City of Traverse City" - **NO CASH** - Camp counselors will not accept cash for daily/weekly camp fees. We can not accept credit or debit cards.
2. Please indicate on the memo portion of your check the child(ren)'s name(s), this is especially important if the child has a different last name from the parent.
3. Please keep in mind that you cannot transfer monies paid for one week to another. Example: if you pay for a whole week and only attend three days, you cannot transfer the remaining balance to the next week. The remaining money is forfeited.
4. **You are responsible for your own accounting for the year for tax purposes, we do not provide a year end summary.**

### **Cancellation Policy**

All cancellations must be received in writing **AT LEAST TWO WEEKS** before your child is scheduled to attend camp. These must be done on the "Record of Cancellation" form supplied by the City. A Minimum of 2 weeks notification is required to not pay for the week for which you registered. Cancellations will not be taken by phone. **IF WRITTEN NOTICE IS NOT RECEIVED, THE PARENT WILL BE HELD RESPONSIBLE FOR FULL PAYMENT FOR THAT WEEK.** We have reserved that spot for your child and turned someone else away. There will also be **no refund of any deposits** already paid. **THE FORM IS AVAILABLE FROM THE COUNSELORS AND ONE IS ATTACHED TO THIS BOOKLET. BECAUSE OF NUMEROUS COMPLICATIONS IN THE PAST WE WILL NOT BE ALLOWING THE SWITCHING OF DAYS, UNLESS IT IS DONE AT LEAST 2 WEEKS BEFORE THE REQUESTED DATE, AND SPACE IS AVAILABLE.**

### **Adding Days to Your Registration /Last Minute Additions Policy**

All additions are on a first come, first served basis. Your balance due must be current before you will be allowed to make any additions. For last minute registrations - All registrations are done through the City Parks and Recreation Office at 625 Woodmere Avenue. The City Day Camp counselors are not authorized to take these registrations. If you are pre-registered and wish to add last minute days to your schedule, you **MUST** call the Parks and Recreation office at 922-4900 extension 0 between the hours of 8:00a.m. - 4:00p.m. **You are not allowed to drop your child off without prior notification and authorization.**

### **Disciplinary Actions**

When necessary, progressive disciplinary action will be used by the camp staff for disregard of camp rules and policies and to protect the safety of the other children and staff. This will involve:

1. A verbal reminder
2. A "time out" where the child will be asked to sit quietly for 15 minutes.
3. Contacting the parent(s) for reinforcement of rules.
4. Contacting the parent(s) to pick up the child for the remainder of the day or week.
5. Removing the child from camp for the remainder of the summer.

### **A.D.A. (Americans with Disabilities Act)**

It is our intent to provide reasonable accommodations to assist people with disabilities to participate in our programs, facilities, and services. Please let us know in advance if your child will need special accommodations by calling 922-4900 extension 0, Monday through Friday, 8:00 a.m. - 4:00 p.m.

## **Health and Waiver Forms**

Health and waiver forms for each camper **MUST** be completed fully before any child may attend day camp and a health history review must take place with camp staff the first day your child attends camp.

## **Gratuities**

Day Camp Counselors are not allowed to accept any gifts or gratuities.

## **Life Jacket Information**

We do not offer life jackets to our campers. If you want your child to wear a life jacket while swimming at the beach, it must be supplied by the camper's parent or guardian. The camper is also responsible for their life jacket, and must carry it to and from the beach. Only U.S. Coast Guard approved life jackets will be permitted. On our day to swim at the Civic Center pool, the lifeguard on duty will determine if life jackets will be permitted.

## **Staffing information**

The day camp staff will be a combination of adults and college students. The students selected are usually those working on a degree in education, parks and recreation or related fields. The non-students are teachers or other individuals qualified to work with children. There will be both male and female staff members.

## **Lunch**

Each child **must** bring a sack lunch that does not require refrigeration each day Monday through Thursday. You may bring a small cooler with the camper's name clearly labeled and we are not responsible for lost or stolen items. Fridays are pizza days. If you do not care for your child to have pizza, please send a lunch that day also. (There will **not** be any discounts given for those choosing not to eat pizza).

## **Clothing**

Please send children in weather appropriate clothing, with shoes that can get wet and dirty. We utilize the Civic Center grounds, take walks and go to Bryant Park beach, to name a few. We will go inside during inclement weather. Please write your child's name on all items. **No sandals or open toed shoes are allowed.**

## **Off-Site Activities**

The Day Camp will use T.C.A.P.S. busses for field trips more than walking distance from camp. Beach trips will begin when the weather is appropriate. Each child **must** provide their own beach wear and towel. All children will be tested for swimming ability. We do **not** give swimming lessons.

## **Summer In The Garden**

Summer In The Garden - The Grand Traverse Area Children's Garden will be teaching campers how to grow and care for gardens along with tips on nutrition and healthy foods. This will be a hands-on program at the Traverse Area District Library and Hull Park.

## **Newsletter**

You will receive the weekly newsletter by E-Mail, please include E-Mail addresses for **all** of the involved parents or legal guardians on the Enrollment Form.

Mail or hand deliver (**hand delivery on the first day of registration, April 11, 2016, will take precedence over mail-ins**) completed registration forms, health, waiver forms/deposits to:

Day Camp-Traverse City Parks and Recreation  
625 Woodmere Ave.  
Traverse City, MI 49686

- ☉ **Day Camp phone number for 2016 (beginning June 13) is 590-3750.**
- ☉ **FOR INCOME TAX PREPARATION, OUR FEDERAL I.D. number is H-38-600-4740**

(Please save these numbers for future TAX reference)

# 2016 REGISTRATION FORM - (one for each camper)

PLEASE SIGN UP EARLY. CAMP REGISTRATION BEGINS ON APRIL 11, 2016 AND IS ON A FIRST COME-FIRST SERVED BASIS. Please enroll my child in the City-County day camp for the following session(s): **A \$10.00 non refundable and non transferable deposit** is included with this registration form for each child - PER WEEK.

This includes daily registrations.

Weekly Fees: \$100.00 per camper per week - Week #1 Fee: may be less if TCAPS does not end by June 13<sup>th</sup> - Week#4 \$85.00 no camp July 4<sup>th</sup> - Daily Fees - \$23.00 per camper per day

Child's name (please print)\_\_\_\_\_Male\_\_\_\_Female\_\_\_\_

Parent's name(s) or Legal Guardian\_\_\_\_\_

Parent's or Legal Guardian's Address\_\_\_\_\_

Step Mother's name (if appropriate)\_\_\_\_\_

Step Father's name (if appropriate)\_\_\_\_\_

E-Mail: Mom's\_\_\_\_\_Dad's\_\_\_\_\_

Additional E-Mail Addresses\_\_\_\_\_

Child's birth date\_\_\_\_\_Age\_\_\_\_\_Last grade completed\_\_\_\_\_

School attended this year\_\_\_\_\_

Parent's or Legal Guardian's phone numbers: Mom's Cell#\_\_\_\_\_Work#\_\_\_\_\_

Dad's Cell#\_\_\_\_\_Work#\_\_\_\_\_

Parents or Legal Guardian's: Home#\_\_\_\_\_

Step Mother's phone numbers: Cell#\_\_\_\_\_Work#\_\_\_\_\_

Step Father's phone numbers: Cell#\_\_\_\_\_Work#\_\_\_\_\_

Emergency Contact\_\_\_\_\_Relationship to child\_\_\_\_\_Phone#\_\_\_\_\_

Please list those people who are authorized to pick up the above listed child from day camp. If any changes occur to this list, please inform the counselors.

Names(s)\_\_\_\_\_Relationship to Child\_\_\_\_\_Phone#\_\_\_\_\_

\_\_\_\_\_Relationship to Child\_\_\_\_\_Phone#\_\_\_\_\_

\_\_\_\_\_Relationship to Child\_\_\_\_\_Phone#\_\_\_\_\_

## I AM ENROLLING MY CHILD FOR THE FOLLOWING DATES CIRCLED BELOW:

If you are signing up for the whole week simply put a check by the words "ENTIRE WEEK"

			Mon	Tues	Wed	Thurs	Fri
WEEK 1	Entire Week_____	Circle the days requested	6/13	6/14	6/15	6/16	6/17
WEEK 2	Entire Week_____		6/20	6/21	6/22	6/23	6/24
WEEK 3	Entire Week_____		6/27	6/28	6/29	6/30	7/01
WEEK 4	Entire Week_____		No Camp	7/05	7/06	7/07	7/08
WEEK 5	Entire Week_____		7/11	7/12	7/13	7/14	7/15
WEEK 6	Entire Week_____		7/18	7/19	7/20	7/21	7/22
WEEK 7	Entire Week_____		7/25	7/26	7/27	7/28	7/29
WEEK 8	Entire Week_____		8/01	8/02	8/03	8/04	8/05
WEEK 9	Entire Week_____		8/08	8/09	8/10	8/11	8/12
WEEK 10	Entire Week_____		8/15	8/16	8/17	8/18	8/19

(Please make an extra copy for yourself - so you know when your child is signed up)

Child's T-Shirt Size: Adult Sm\_\_\_\_Adult Med\_\_\_\_Adult Large\_\_\_\_Child Sm\_\_\_\_Child Med\_\_\_\_Child Large\_\_\_\_

# HEALTH HISTORY AND SWIMMING INFORMATION FORM

(must be completely filled out)

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

(please print)

Parent's Name(s) or Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

If not available in an emergency, notify this person:

\_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_

Health History: (Does or has the camper ever had any of the conditions listed below? check appropriate column.)

Has the camper had any of the conditions listed below?	Yes	No		Yes	No
1. Hay fever, asthma or wheezing			8. German Measles (Rubella)		
2. Convulsions/seizures			9. Measles		
3. Heart trouble			10. Mumps		
4. Diabetes			11. Other allergies		
5. Insect sting allergies			12. Physical Limitations		
6. Drug allergies(list below)			13. Special health or behavioral issues		
7. Chicken Pox			14.		

Information from lines 6,11,12 & 13: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone# \_\_\_\_\_

Allergist: \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Medical/Hospital Insurance Carrier: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

# IMMUNIZATION RECORD FOR \_\_\_\_\_

## MUST BE COMPLETED AND TURNED IN PRIOR TO CHILD ATTENDING CAMP

	<u>Polio</u>	<u>MMR</u>	<u>Diphtheria Tetanus- Pertussis</u>	<u>HIB Influenzae Type B</u>	<u>Varicella</u>	<u>HBV Hepatitis B</u>	<u>Pneumococcal Conjugate</u>	<u>Other</u>	
<u>Date Initial Immunization completed</u>									
<u>Date of Most recent booster</u>									

## CAMPER RESTRICTIONS AND MEDICATIONS:

Special Diet: \_\_\_\_\_

Current Medications: (If prescriptions need to be administered by camp staff, they must be in original prescription container.)  
\_\_\_\_\_

Any specific activities to be discouraged: \_\_\_\_\_

Any additional information: \_\_\_\_\_

## SWIMMING RESTRICTIONS AND INFORMATION:

**ALL INFORMATION MUST BE FILLED OUT AND SIGNED OR WE CAN NOT ACCEPT REGISTRATION AND THEREFORE YOUR CHILD WILL NOT BE ALLOWED TO ATTEND OUR DAY CAMP.**

I understand that my child will have an opportunity to participate in the day camp beach/pool swimming program, and give my child permission to participate

My Child is a (PLEASE CHECK ONE): SWIMMER ( ) NON-SWIMMER ( )

If you wish your child to wear a life jacket you MUST supply a jacket and check the following information:

I will provide a life jacket for my child: PLEASE CHECK ONE: YES ( ) NO ( )

Father, Mother, Legal Guardian, or Step Parent:

\_\_\_\_\_  
(Please Circle one of the above)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## **AUTHORIZATION AND CONSENT OF PARENTS AND/OR LEGAL GUARDIANS:**

The following must be signed and dated by the camper's parent or legal guardian.

The Health History and Swimming information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted within this document.

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(Signature of Parent or Legal Guardian)

(Date)

I hereby give consent for routine, non-surgical medical care (first aid) by a camp counselor and I also hereby give consent for emergency transport by ambulance and emergency medical or surgical treatment.

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(Camper's Name - Print Full Name)

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(Signature of Parent or Legal Guardian) (Date)

**OR**

Due to religious objections to the consent of emergency medical or surgical treatment,

I, \_\_\_\_\_ testify that: \_\_\_\_\_ is in good health and that I assume the health responsibility for this camper.



**WAIVER OF LIABILITY  
CITY OF TRAVERSE CITY  
FOR MINOR (Under age of 18)**

The undersigned parent or legal guardian of the minor/camper named below, voluntarily and in consideration of allowing participation in the Traverse City-Grand Traverse County Day Camp, hereby agrees to release, discharge, hold harmless and waive any and all claims including negligence claims for personal injury to my child or my child's property that may be caused by any act, or failure to act, by the City of Traverse City and each and all of its elected and appointed officials, employees, volunteers, representatives and agents and each and all of its employees and representatives in connection with or arising out of the participation of the undersigned in this activity. This waiver binds me, the undersigned, the minor and the minor's heirs, executors and assigns.

I also understand all risks involved in this activity and have had the opportunity to call the City of Traverse City or its agents and employees to ask any questions that I may have, and on behalf of the minor/camper named below, I assume the risk of all dangerous conditions associated with this activity and agree that I am solely responsible for any injuries incurred by my minor child in connection with this activity.

I acknowledge that I have received a copy of and read the '2015 Summer Day Camp Booklet'. I certify that the minor/camper named below is eligible to participate in the Traverse City-Grand Traverse County summer day camp.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

**CAUTION: READ THE ABOVE BEFORE SIGNING. BY SIGNING THIS AGREEMENT, YOU ARE AGREEING THAT YOU WILL NOT SUE THE CITY OF TRAVERSE CITY, ITS EMPLOYEES, OFFICIALS, VOLUNTEERS, REPRESENTATIVES OR AGENTS, IN CONNECTION WITH THE BELOW-NAMED MINOR'S PARTICIPATION IN THE TRAVERSE CITY-GRAND TRAVERSE COUNTY DAY CAMP.**

Date: \_\_\_\_\_

Minor's/Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's or Legal Guardian's Name (please print) \_\_\_\_\_

Parent's or Legal Guardian's Address \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Minor's/Camper's Address (if different): \_\_\_\_\_

Telephone Cell: (        ) \_\_\_\_\_

Telephone Work: (        ) \_\_\_\_\_

Telephone Home: (        ) \_\_\_\_\_

# PAYMENT AND COLLECTIONS

During the last few years we have had problems arise with scheduling and payments for Day Camp. Our policy is that if you need to change dates we require a 2 weeks written notification on the supplied "Record of Cancellation" form.

When changing dates, deposits for the days changed will not be applied to the new days. Deposits are NON-TRANSFERABLE.

Further, we have been having difficulty getting payments on time. **Payment is expected on the first day of the week that your child attends.** If you have an outstanding balance from the previous week or have an outstanding late fee, you will be allowed to drop off your child through the following Friday. If your account is not brought current by the end of the day on Friday, your child/ren will not be allowed at camp the following Monday. NO EXCEPTIONS. Your child/ren may be allowed to attend camp when your account is no longer delinquent.

We utilize our City Treasurer's Office as our "collection agency".

After 2 weeks of non payment your account will be turned over to the City Treasurer's Office and your child/children will not be allowed to attend camp until all balances are paid.

I acknowledge that I have received a copy of and read the "PAYMENT AND COLLECTIONS".

---

Signature

Parent's or Legal Guardian's Name

---

Date

# Summer Day Camp RECORD OF CANCELLATION

A minimum of two weeks (in advance) cancellation notice is required **IN WRITING** to not pay for the weeks/days for which you registered. Phone calls or verbal cancellations will not be accepted.

**TODAY'S DATE:** \_\_\_\_\_

**CHILD'S NAME:**

\_\_\_\_\_

\_\_\_\_\_

**DATE(S) OF CANCELLATION:**

**FROM:**\_\_\_\_\_ **THRU**\_\_\_\_\_

**CANCELED BY:** \_\_\_\_\_

Please Print Signature

These forms are available at the sign in station.

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**TODAY'S DATE:** \_\_\_\_\_

**CHILD'S NAME:**

\_\_\_\_\_

\_\_\_\_\_

**DATE(S) OF CANCELLATION:**

**FROM:**\_\_\_\_\_ **THRU**\_\_\_\_\_

**CANCELED BY:** \_\_\_\_\_

Please Print Signature

These forms are available at the sign in station.